

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10885774

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	✓			✓		
2		✓		✓		
3		✓		✓		
4		✓		✓		
5		✓		✓		
6		✓		✓		
7		✓		✓		
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30		✓		✓		
31		✓		✓		
32	✓					
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34		✓		✓		
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36		✓		✓		
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44		✓		✓		
45		✓		✓		
46		✓		✓		
47		✓		✓		
48		✓		✓		
49		✓		✓		
50		✓		✓		
TOTAL IND.	2	↓		↓		↓
TOTAL DEP.	51	←		←		←
TOTAL CLAIMS	53					

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						